

SENATE BILL REPORT

SHB 2304

As Reported By Senate Committee On:
Health & Long-Term Care, March 26, 2007
Ways & Means, April 2, 2007

Title: An act relating to criteria for the issuance of a certificate of need for certain cardiac care services.

Brief Description: Providing for the issuance of a certificate of need for certain cardiac care services.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Morrell, Quall, McDonald, Bailey, Grant, Walsh, Haler, McCune, Seaquist, McDermott, Kenney, Cody, Darneille, Dunn, Schual-Berke, Kessler, Conway, Springer, Hudgins, Green, Blake, Rodne, Goodman, Campbell, VanDeWege, Williams, Hunter, Takko and Moeller).

Brief History: Passed House: 3/10/07, 97-0.

Committee Activity: Health & Long-Term Care: 3/22/07, 3/26/07 [DPA-WM, DNP].
Ways & Means: 4/02/07 [DPA(HEA), DNP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Carrell, Fairley, Kastama, Kohl-Welles and Parlette.

Minority Report: Do not pass.

Signed by Senator Marr.

Staff: Edith Rice (786-7444)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended by Committee on Health & Long-Term Care.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Pridemore, Vice Chair, Operating Budget; Zarelli, Ranking Minority Member; Brandland, Carrell, Fairley, Hatfield, Hobbs, Keiser, Kohl-Welles, Oemig, Parlette, Rasmussen, Regala, Roach, Rockefeller, Schoesler and Tom.

Minority Report: Do not pass.

Signed by Senator Honeyford.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: Elaine Deschamps (786-7441)

Background: Percutaneous coronary interventions are procedures used to treat patients with diseased arteries of the heart. One common intervention is coronary angioplasty. This medical procedure is used to restore blood flow through an artery in the heart that has been blocked due to the accumulation of plaque on the inner walls of the artery. The procedure involves the insertion of a thin tube into a blood vessel which is directed to the site of the blockage. At the end of the tube is a small balloon or other device which is inflated to push the plaque against the wall of the artery to widen the artery and increase blood flow. In Washington, only hospitals that have an established on-site open heart surgery program may perform nonemergent interventional cardiology procedures.

Summary of Substitute Bill: By July 1, 2008, the Department of Health (DOH) must adopt rules that establish criteria for issuing a certificate of need to perform elective percutaneous coronary interventions at hospitals that do not provide on-site cardiac surgery. Prior to beginning the rulemaking process, the DOH must contract for an independent, evidence-based review of the circumstances in which elective percutaneous coronary interventions should be allowed at hospitals that do not provide on-site cardiac surgery. The review must address access to care, patient safety, quality outcomes, costs, and the stability of Washington's cardiac care delivery system and existing cardiac providers.

EFFECT OF CHANGES MADE BY RECOMMENDED AMENDMENT(S) AS PASSED COMMITTEE (Health & Long-Term Care): The independent review of the circumstances under which elective percutaneous coronary interventions should be allowed will additionally ensure that the number of these procedures performed at the University of Washington Academic Medical Center are consistent with accreditation standards.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health & Long-Term Care): PRO: Media attention to the need for 24/7 access to angioplasty has brought additional attention to this issue very recently. This bill represents improvements we've made in cardiac care, getting the right care to the right patient at the right time. The compromise to require a study is a good idea.

OTHER: We have suggested language to amend the bill that will protect the current University of Washington Medical Center cardiac program.

Persons Testifying (Health & Long-Term Care): PRO: Representative Morrell, sponsor; Dr. Ron Morris, Good Samaritan Hospital; Matt Crockett, Highline Medical Center.

OTHER: Jackie Der, University of Washington, Medical Center.

Staff Summary of Public Testimony (Ways & Means): PRO: This bill is a step forward in improving quality cardiac care.

Persons Testifying (Ways & Means): PRO: Melanie Stewart, Health Facilities Planning and Development.